

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance CITY CLERK OFFICE

2019 OCT 24 PM 2: 47

File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: O//0//2019 Ending Date: WOSURNS/2019
Type of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Candidate Full Name (if applicable) Candidate Full Name (if applicable) Candidate Full Name (if applicable) Committee Name Ashley Bernard Name of Committee Treasurer Il Cooladge Road wake field, ma. Residential Address E-mail: Din toding & gmail-Con E-mail: ashley bein-1/35@ 7a hoo-Con
Phone # (optional): 978-490-1069 Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: Salen Five Book
Affidavit of Committee Treasurer: Lecrtify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on the laft of this confinite in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date: 10/23/19 FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 hox only)
Candidate with Committee Counties and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authory or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Date: 10/21/20/9

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
04/16/19	Dames Tollio 8 Albert Street Walnum	700	Clectrician IBEW 103
09/20/19	Panes Tolino 8 Al Best St Wolver, man	1/00	Clectrician IBEW 103 Electrician Las BEW 103
Line 9: Total Receip	ots over \$50 (or listed above)	500	
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	500	← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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		The state of the s	
	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	ECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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				Acceptance Control of the Control of
A Company of the Comp				The state of the s
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and a second				The state of the s
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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Andreas				distance to the same state of
				NO COMMON MANAGEMENT AND
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Andrew of the Control				Annalis against agains
				Former a manufacture i mindage
		Line 12. F. P. 12.		
		Line 12: Expenditures over \$50		
		Line 13: Expenditures \$50 and u	ınder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		The second control of		
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount	
				Thirtenant and the same and the	
				Performance of the control of the co	
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election	Commission Woburn, Ma.		
Report Being Amended: Year	: 2019 Reporting Period: Beg	ginning Date: 01/01/2019 Enc	ling Date: 10/18/2018
8th day preceding preliminary	8th day preceding election	30 day after election year-en	nd report dissolution
Albert Street Residen Albert non, W Office Sou	Name (if applicable) A Color Man. Cl80(tial Address A J S ght and District 2 gana (Con	Committee to Ele Committee P Arhley Berner! Name of Committee 8 Alle 4 Street C Committee Mailin E-mail:) in feeling 5 Phone # (optional):	re Treasurer Location Mar. 0180
	SUMMARY BALAN	CE INFORMATION:	
Line 2 Line 3 Line 4 Line 5 Line 6 Line 7	Ending Balance from previous reports Total receipts this period Subtotal Total expenditures this period Ending Balance Total in-kind contributions this period Total (all) outstanding liabilities Name of bank(s) used:	\$500 0 \$500 \$500 d	
The original filing of the above-re	ferenced campaign finance report is be	ing amended for the following reason(Contract Charges
Coan to	didate	,	WOBURN MA
Signed under the penalties of perjury:		Signed under the penalties of perjury:	~ /
(Carlistop's signature)	2/2/2/12	(Treasurer's signature)	Bled